

of his suspicions, he succeeded in extracting a mass of the size of a large walnut, flattened, and consisting of concentrated laminæ of a fatty substance, being undoubtedly the remnants of the placenta of the last aborted ovum. Upon its extraction the floodings ceased; the lady entirely recovered her health, is again pregnant, and has nearly reached the full term. The occurrence of four such cases in Dr. K.'s practice induces him to believe that they are much more common than is generally thought. It behoves the obstetrician, therefore, always to insist upon examining the matters discharged from the uterus; and in cases of doubt, and especially where the hemorrhage from the uterus, as in the cases just referred to, is prolonged, or is constantly recurring, it is incumbent upon him to make such an examination of the uterus as to place all such cases beyond a doubt. In conclusion, he firmly believed that all uterine moles were invariably the results of impregnation, the clots and membranous discharges from the unimpregnated uterus having a distinct character and history.

*Dec. 12. Chronic Alcoholism.*—Dr. HALL exhibited a heart, the muscular tissue of which was in a state of marked fatty degeneration. The patient was a tall, strongly-built, married female, about 55 years of age, but rather younger in appearance. For nine or ten years past she had been an habitual but secret dram-drinker. Although hardly ever drunk, she could scarcely ever be called perfectly sober.

On the 24th of November she first came under notice, having complained, however, for two weeks previously of pains in her limbs. Before this, although unable to go out of doors, she could go about her house, but now she became so weak as to be obliged to keep her bed. She complained of total loss of appetite, and of sleeplessness; her pulse was 96, and soft; her tongue coated. She had no headache, and her vision was not affected; she had no delirium, no tremor, no pain in the chest or abdomen. Her bowels were constipated. She was quite helpless, and unable to sit or stand without support. The vacant, abstracted manner of this patient would strike the observer as peculiar. Apparently taking no notice of surrounding objects, she answered correctly, though slowly, when spoken to. Although doing so, there was a certain amount of hesitation or difficulty of articulation, as though there was a want of co-ordination between the different organs of speech, exceedingly like a symptom apt to occur in the progressive paralysis of the insane.<sup>1</sup>

This, in fact, was the cause of alarm to the family, and led them to call in a physician. At 5 o'clock the previous afternoon she appeared unable to answer a question put to her, although her lips moved in the effort to do so. The affection of the motor and sensory apparatus was peculiar. There was almost entire loss of sensibility in the left leg up to the knee, even when pinched, whilst the sensibility of the thigh appeared to be much increased. This was also the case, to a less extent, in the arm of the same side. In the cases reported by Dr. Huss there was a constant restlessness of the limbs observed, moving them up and down in the bed. Here it was only observed in one of the arms—the right—which was constantly raised up and let down again by the patient. The appearances present were such as would most naturally and readily be referred to the nervous system. Their gravity, however, was not to be accounted for by the actual

<sup>1</sup> On the Progressive Paralysis of the Insane. By Wm. Wood. Brit. and For. Med.-Chir. Rev., July, 1860, p. 187.

amount of disease, and would have rendered the diagnosis a difficult one, had it not been for the elaborate description by Dr. Huss of a disease prevailing among excessive spirit-drinkers in Sweden.<sup>1</sup>

Under moderate stimulation some little improvement took place, but it was not of a permanent character. She had a slight convulsion on the morning of December 1, which, however, did not seem to have any effect upon the general symptoms. This condition of things continued a week longer, when she became comatose, but without stertor; the sphincters were relaxed, and the left arm completely paralyzed. The pupils, though contracted, were mobile; and upon pinching the unaffected limb, she was able to draw it up. She died very quietly on the morning of the 10th inst.

*Autopsy, thirty-seven hours after death.*—Head not examined, the family having refused permission.

*Chest.*—The lungs presented nothing of importance. The mediastinum was loaded with fat; the pericardium normal in colour and texture, but distended with serum to the amount of six ounces. The heart was on its external surface loaded with fat, which also appeared to have encroached upon the proper muscular tissue of the walls. The organ appeared flabby, dilated, and attenuated, the left ventricle more particularly. The valves were in normal condition. The *aorta* was quite healthy.

*Abdomen.*—The omentum was loaded with fat, extending almost to the pubis. There was an excessive deposit of fat throughout the abdominal cavity. The stomach was, in its pyloric half, much reddened, and slightly mammillated; the redness was not altered by washing. Otherwise the mucous membrane appeared to be in a healthy condition, without any evident thickening or softening. The liver was partially enlarged, the left lobe equalling the right in size. The entire organ was pallid, and in a state of moderate fatty degeneration. Gall-bladder distended. The kidneys were pale, and anaemic-looking; upon the upper surface of the left there was a small cyst.

The above case presents so many points of interest, both to the pathologist and physiologist, and so closely resembles in its symptoms the descriptions of Huss, that it was thought not unworthy of contribution to the literature of the subject.

1861. Jan. 9. *Intestinal Concretion in the Appendix Cæci, causing Perforation and fatal Peritonitis.*—Dr. PACKARD presented this specimen. The patient had been under the care of Dr. J. F. Meigs, who supplied the ante-mortem history of the case.

T. D. S., a healthy, well-grown boy, 11 years of age, rose on the morning of December 25, 1860, apparently quite well. Soon afterwards, however, he complained of pain in the right iliac and lumbar regions, was chilly, and returned to bed. A dose of castor oil was given him. In the course of the day fever came on.

Next day Dr. M. was called, and found him feverish, with a pulse of 132, a hot and dry skin, and a moderately furred tongue. The pain still continued, with tenderness and slight distension of the abdomen on the right side; there was no vomiting. His bowels had been acted upon three times by the oil. Leeches and a poultice locally, and a mixture of blue pill with rhubarb syrup internally, were ordered.

<sup>1</sup> M. Huss, Chronische Alkoholskrankheit, oder Alkoholismus Chronicus. Aus dem Schwed. von Gerh. v. d. Busch. Leipzig, 1852. p. 8.